

# ARKANSAS REAL ESTATE COMMISSION

612 South Summit Street  
Little Rock, Arkansas 72201-4701  
Phone (501) 683-8010 Fax (501)683-8020  
Website [www.arec.arkansas.gov](http://www.arec.arkansas.gov)

## TIME-SHARE PROGRAM RENEWAL REGISTRATION FORM 2010-2011

The following information is furnished to the Arkansas Real Estate Commission as required by Arkansas Code Ann. §18-14-204 (e) for renewal of the registration of the Time-Share Program named below. ATTACH ADDITIONAL SHEETS IF NECESSARY.

### 1. TIME-SHARE PROJECT

I. Name: \_\_\_\_\_

II. Location: \_\_\_\_\_

III. Address of Project: \_\_\_\_\_  
Street and P.O. Box

\_\_\_\_\_  
City State Zip Code

### 2. ON-SITE INDIVIDUAL FOR CONTACT PURPOSES

I. Name & Title: \_\_\_\_\_

II. Telephone Number: \_\_\_\_\_

III. Mailing Address: \_\_\_\_\_  
Street and P.O. Box

\_\_\_\_\_  
City State Zip Code

### 3. DEVELOPER'S COMPANY/CORPORATION

I. Name: \_\_\_\_\_

II. Location: \_\_\_\_\_

III. Name & Title of individual for contact purposes:  
\_\_\_\_\_

IV. Telephone No.: \_\_\_\_\_

V. Mailing Address: \_\_\_\_\_  
Street and P.O. Box

\_\_\_\_\_  
City State Zip Code

4. Attach a copy of all current contracts, notes, mortgages, agreements, deeds, or any other documents used in the transfer of title to the Time-Share Interval Purchaser.

5. Attach a complete copy of the Public Offering Statement currently provided to Purchasers, pursuant to Arkansas Code Ann. §18-14-404.

6. Is the Time-Share Project subject to any blanket encumbrances and/or liens? YES ☐ NO ☐

If yes, please indicate below with which requirements of Arkansas Code Ann. §18-14-410 the Developer is complying.

I. Releases of all liens affecting the Time-Share Interval. YES ☐ NO ☐

II. A Surety Bond or Insurance against the lien from a company acceptable to the Agency, as provided for liens on real estate in this state. YES ☐ NO ☐

III. An underlying lien document containing a provision wherein the lien holder subordinates its rights to that of a Time-Share Purchaser who fully complies with all of the provisions and terms of the contract of sale. YES ☐ NO ☐

7. Attach updated and complete financial statements prepared in accordance with generally accepted accounting principles fully and fairly disclosing the current financial condition of the Developer which are certified by a Certified Public Accountant or a Registered Public Accountant who shall state that in his/her opinion the financial statement presents fairly the financial position of the entity for which the certification is rendered, pursuant to Regulation 13.8.

8. IDENTIFY THE FOLLOWING AGENTS USED, CONTROLLED OR AFFILIATED WITH THE DEVELOPER:

I. ACQUISITION AGENT

A. Name of Company: \_\_\_\_\_

B. Name & Title of Responsible Individual:

\_\_\_\_\_

C. Office Mailing Address: \_\_\_\_\_  
Street and P.O. Box

City State Zip Code

D. Telephone Number: \_\_\_\_\_

E. Please indicate below the amount and type of Bond which has been furnished and is currently in effect.

AMOUNT:

1) \_\_\_\_\_ A \$5,000.00 Bond as required by Arkansas Code Ann. §18-14-202(b)(3).

2) \_\_\_\_\_ A \$50,000 Bond as required by Arkansas Code Ann. §18-14-202(e).

TYPE:

\_\_\_\_\_ SURETY COMPANY BOND  
\_\_\_\_\_ CORPORATE BOND  
\_\_\_\_\_ CASH BOND

II. SALES AGENT

A. Name of Firm: \_\_\_\_\_

B. Name of Responsible Broker: \_\_\_\_\_

C. Office Mailing Address: \_\_\_\_\_  
Street and P.O. Box

\_\_\_\_\_  
City State Zip Code

D. Telephone No.: \_\_\_\_\_

E. Please indicate below the amount and type of Bond which has been furnished and is currently in effect.

AMOUNT:

- 1) \_\_\_\_\_ A \$5,000 Bond as required by Arkansas Code Ann. §18-14-202(c).  
2) \_\_\_\_\_ A \$50,000 Bond as required by Arkansas Code Ann. §18-14-202(e).

TYPE:

\_\_\_\_\_ SURETY COMPANY BOND  
\_\_\_\_\_ CORPORATE BOND  
\_\_\_\_\_ CASH BOND

F. Attach a list of Brokers and Salespersons licensed with the firm.

III. MANAGING AGENT

A. Name of Firm: \_\_\_\_\_

B. Name & Title of Responsible Individual:  
\_\_\_\_\_

C. Office Mailing Address: \_\_\_\_\_  
Street and P.O. Box

\_\_\_\_\_  
City State Zip Code

D. Telephone No.: \_\_\_\_\_

E. Please indicate below the amount and type of Bond which has been furnished and is currently in effect.

AMOUNT:

- 1) \_\_\_\_\_ A \$5,000 Bond as required by Arkansas Code Ann. §18-14-202(d).  
2) \_\_\_\_\_ A \$50,000 Bond as required by Arkansas Code Ann. §18-14-202(e).

TYPE:

\_\_\_\_\_ SURETY COMPANY BOND  
\_\_\_\_\_ CORPORATE BOND  
\_\_\_\_\_ CASH BOND

IV. EXCHANGE AGENT:

A. Name of Firm: \_\_\_\_\_

B. Name & Title of Responsible Individual:

\_\_\_\_\_

C. Office Mailing Address: \_\_\_\_\_  
Street and P.O. Box

City State Zip Code

D. Telephone No.: \_\_\_\_\_

9. Is there any other information which is necessary to reflect a material change from the previous renewal registration?

YES ☐ NO ☐

If yes, please attach information along with an explanation.

10. RENEWAL FEES:

I. Project: (1/2 of all filing fees, original plus phases if any.  
Maximum amount of \$250.00 for project.) \$ \_\_\_\_\_

II. Acquisition Agent: (\$50.00) \$ \_\_\_\_\_

Sales Agent (\$50.00) \$ \_\_\_\_\_

Managing Agent (\$50.00) \$ \_\_\_\_\_

TOTAL RENEWAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Submitted By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_